



## **LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET**

### **TYPE OF SUBMISSION:**

☐

**NEW**

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**REVISED - Replaces** \_\_\_\_\_  
**Current submission catalog number**

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**UPDATE - To** \_\_\_\_\_  
**Current submission catalog number**

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**CHANGE IN CONTACT INFORMATION**

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**Date Submitted To Hospital/Division:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Committee**

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**Date Submitted To LTCS Best Practice Committee:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Catalog**

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## **LTCS BEST PRACTICE CATALOG SUBMISSION**

**Project Title:** The Relapse Prevention Progress Program

**Function Category:**

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**PATIENT-FOCUSED**

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**ORGANIZATION**

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**STRUCTURES**

**Sub-category(s):** \_\_\_\_\_

**Heading:** \_\_\_\_\_

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**Hospital:** Napa State Hospital

**The following items are available regarding this Best Practice:**

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**Photographs**

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**Video Tape**

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**Drawings**

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**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA:** (Describe how and why your team selected this project/process area for improvement.): The Relapse Progress Prevention Program (RPPP) was designed to provide a therapeutic milieu based on a relapse prevention model to Penal Code 1026 and 2972 clients transferring to a newly open unit. The goal was to create a comprehensive treatment program to address mental illness, substance abuse (if applicable), and criminality within a relapse prevention framework. The RPPP adapted 5 relapse prevention goals from the GAINS Sex Offender treatment program to establish a unit culture that promoted structure, consistency, and opportunities for learning. Unit design was selected to improve upon how clients experience treatment, giving consistent expectations, clear information, and understandable theory to help structure the milieu.
2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT** (Describe the relationship of your project to your goals for improvement, and describe current process performance.): The Relapse Prevention Progress Program (RPPP) had the following goals for improvement:
  - To create a therapeutic milieu involving staff and clients in a comprehensive relapse prevention program, with a common therapeutic 'language' shared by clients and staff
  - To establish comprehensive treatment that includes mental health treatment, treatment for substance abuse, and forensic treatment

- To establish observable, measurable relapse prevention treatment goals, which include: 1. Currently Not Offending, 2. Accepting Responsibility, 3. Learning the Offense Cycle, 4. Learning Alternative Behaviors, and 5. Maintaining a Non-Offending Lifestyle.
- To make the attainment of relapse prevention goals inform treatment team decisions in such areas as grounds access, CONREP readiness, etc., thus making such decisions more objective (see section 4)

### 3. **ANALYSIS** (Describe how the problem was analyzed.):

The Relapse Prevention Progress Program (RPPP) noted prior to opening that clients often experienced unit treatment programs as having amorphous or absent theoretical structure and inconsistent expectations. The RPPP thus set up treatment goals (that were written and given to clients) that were based on observable, measurable client behavior. Client attainment of specific behavioral markers (as operationalized in relapse prevention goals) therefore became a measure of success, as did completion of mental illness relapse prevention plans, forensic relapse prevention plans, and substance abuse relapse prevention plans

### 4. **IMPLEMENTATION** (Describe your implementation of the solution.):

The Relapse Prevention Progress Program (RPPP) was implemented by:

- As part of team building prior to opening the unit, all ancillary and nursing staff were trained on relapse prevention principles, documentation of behavior and client progress as it relates to RPPP goals, and ways to model relapse prevention goals.
- As part of orienting clients (and new staff) a RPPP manual was developed that included the theoretical framework of the program, set expectations and guidelines for the client and staff behavior, described the five RPPP treatment goals, and reviewed the groups and activities the program offered. The manual was distributed to all clients and staff upon entry to the unit
- At initial treatment planning conferences, clients were assigned to a ‘Progress Team.’ The teams attended all ‘core’ therapy groups together, thus increasing trust, rapport, and confidentiality between team members and increasing team cohesiveness. In addition, this approach made scheduling groups and individual’s treatment programs more manageable and maximized ancillary resources.
- Each Progress Team received a Forensic Relapse Prevention group, which explored with clients the five RPPP goals, with special emphasis on Learning the Offense Cycle (Goal 3). Additionally, groups with emphasis on helping client’s achieve higher relapse goals were structured in – Barriers to Success and CONREP Preparation (see manual for description of all groups). Mental Health Insights group and Substance Abuse Relapse Prevention were also part of the team’s program. Thus, mental health, substance abuse, and forensic issues were addressed within each team as ‘core’ components of treatment. ‘Collateral’ groups and activities – leisure activities, hospital wide programs, education and vocational training, etc. were also assigned as appropriate.

- At each 90-Day Treatment Planning Conference the client's current attainment of RPPP treatment goals was reviewed and new objectives set for the next quarter.
- Clients were tracked monthly regarding their attainment of RPPP treatment goals with the use of a monthly progress note. The note evaluates the client's progress along each of the five relapse prevention goals as to whether the client met a goal, is focusing or working on a specific goal, or has not met a goal. The client is evaluated by treatment team members who provide treatment groups, who meet monthly to discuss client progress, review IDN's, and consulting nursing staff in preparing the monthly note.
- Individual progress is reviewed with clients at 90-Day Treatment Planning Conferences, in group therapy sessions, and individually upon client request.

**5. RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Improvements noted on account of the RPPP include:

- Clients, on a case to case basis, have identified with the clinical program and its goals, and have shown motivation to achieve the goals of relapse prevention. A number of clients have progressed along these goals and along other markers of progress, such as increased grounds access.
- CONREP has shown increasing interest in the program, especially in how the goals of relapse prevention can be monitored, and how these goals relate to readiness.
- Staff has been able to present a set of principles, and more concretely, a program manual to clients that has been very influential on unit milieu.
- Staff has also been able to present a comprehensive clinical program, based on a theoretical framework, and have therefore felt less isolated in their work, and more as part of a team speaking a common language regarding treatment.

**6. LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.): The strength of the RPPP appears to be in its design to unify staff and clients under a theoretical framework and a set of explicit goals and principles. This design helped increase continuity and consistency between treatment providers, and helped clients focus on specific goals – goals they could concretely work towards. The RPPP was also successful in establishing a treatment milieu at the start of the unit, therefore the milieu did not have to be re-established or changed at any time. The therapeutic milieu which resulted clearly worked best when all members of the treatment team, were able to 'buy in' to the program and clearly modeled or demonstrated how they valued the treatment program. When this 'buy in' occurred the culture of the milieu was very firmly set and provided significant positive peer pressure for clients to progress through the program. Obstacles that a team may face in implementing the RPPP relate to any sort of devaluing of treatment by staff (e.g. frequently canceling groups, not confronting clients on violations of relapse goals or principles). The overuse of 'float' staff unaware of the unit milieu also represented an obstacle.